



## 4. VFC ELIGIBILITY

VFC providers are required to screen ALL patients for VFC eligibility at every immunization visit, document the screening results at every immunization visit, and retain the documentation for three years. Neglecting to screen for and document eligibility or knowingly administering VFC vaccine to unqualified patients may be grounds for termination from

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the VFC Program and may be investigated as fraud and abuse.

There are two steps to eligibility screening. Both must occur at each immunization visit:

- Determining the patient's eligibility status (screening)
- Recording the screening results (documenting)

### ***Determining VFC Eligibility Status***

#### **Basic Eligibility Criteria**

Children through 18 years of age who meet at least one of the following criteria are eligible to receive VFC vaccine:

- **Medicaid eligible:** A child who is eligible for the Medicaid program. (For the purposes of the VFC Program, the terms "Medicaid-eligible" and "Medicaid-enrolled" are equivalent and refer to children who have health insurance covered by a state Medicaid program.)
- **Uninsured:** A child who has no health insurance coverage
- **American Indian or Alaska Native (AI/AN):** As defined by the Indian Health Care Improvement Act (25 U.S.C. 1603)
- **Underinsured\*:** A child who has commercial (private) health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only); or a child whose insurance caps vaccine coverage at a certain amount. Once that coverage amount is reached, the child is categorized as underinsured.

\*Underinsured children are eligible to receive VFC vaccine only through Federally Qualified Health Centers<sup>1</sup> (FQHC) or Rural Health Clinics<sup>2</sup> (RHC).

To find the nearest FQHC or RHC follow the link below and look for clinics with an asterisk in the second column:

[http://dphhs.mt.gov/Portals/85/publichealth/documents/Immunization/2015/Provider%20List%20for%20Web%206042015\\_1.pdf](http://dphhs.mt.gov/Portals/85/publichealth/documents/Immunization/2015/Provider%20List%20for%20Web%206042015_1.pdf)

<sup>1</sup> An FQHC is a health center that is designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population.

<sup>2</sup> An RHC is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area.

## Fully Insured Children

Fully insured children are not eligible for the VFC Program. The VFC Program defines fully insured as having insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Table 1 summarizes VFC eligibility determinations based on various insurance scenarios.

**Table 1 Summary of VFC Eligibility and Insurance Status** (From: *2014 VFC Operations Guide*, page 31. CDC January 2014)

| VFC eligibility scenario: Child is insured and...   | Insurance Status   | Is child VFC eligible?   |
|---|--|--|
| Has not yet met plan's deductible   | Insured  | No   |
| Plan covers all ACIP recommended vaccines but excludes certain products/ combination vaccines   | Insured  | No   |
| Plan covers only a portion of the vaccine cost and does not have Medicaid as secondary insurance  | Insured  | No   |
| Has insurance, but plan limits coverage to a specific number of provider visits annually.   | Underinsured (once the limited number of allowable visits are reached during the year) | Yes, once the limited number of visits have been reached AND only administered by a FQHC, RHC or approved deputized provider |
| Seeking contraceptive or sexually-transmitted disease (STD) services at school-based clinic or facility whose main services are primary or acute care and wants to be immunized but does not want to access insurance | Insured  | No   |
| Seeking contraceptive or STD services at family planning clinic or STD clinic and wants to be immunized but does not want to access insurance or doesn't know status.   | Uninsured  | Yes  |
| Has Medicaid as secondary insurance   | Medicaid eligible  | Yes  |
| Plan covers only a portion of the vaccine cost and has Medicaid as secondary insurance  | Medicaid eligible  | Yes  |
| Has not yet met plan's deductible and has Medicaid as secondary insurance   | Medicaid eligible  | Yes  |
| Has exceeded plan's annually allowed number of provider visits  | Underinsured Only through FQHC/RHC   | Yes  |
| Cannot access health insurance due to being incarcerated  | Uninsured  | Yes  |
| Children enrolled in separate Children's Health Insurance Program – Healthy Montana Kids (HMK)  | Insured  | No   |
| Children enrolled in Medicaid-expansion Children's Health Insurance programs – Healthy Montana Kids Plus (HMK Plus)   | Medicaid eligible  | Yes  |

## Documenting Eligibility Screening

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Eligibility screening results must be:

- Documented for all eligibility categories you serve, including privately insured (not



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VFC eligible)

- Documented at every immunization visit
- Associated with the patient and the visit date or immunization
- Documented through a process that informs clinicians what vaccine stock to use
- Documented in a way that can be tallied to obtain annual Provider Population Numbers
- Retained for three years
- Made available to Montana Immunization Program staff on request and during compliance site visits.

## Methods of Documenting Eligibility Screening

Below are typical methods used to document eligibility. This list is not exhaustive, and any method or combination of methods that meet the criteria above is acceptable.

### imMTrax

Integrated providers can use imMTrax to document eligibility. If data entry is current and accurate, imMTrax will automatically calculate Provider Population Numbers for annual re-enrollment. If you do not manage your private vaccine in imMTrax, you must document eligibility screening for privately insured patients outside of imMTrax. Aggregate providers cannot use imMTrax to document eligibility.

### Paper Eligibility Logs

The Immunization Program maintains paper eligibility logs that capture all required information and can be used to tally Provider Population Numbers for annual re-enrollment and estimate order quantities. If you use these forms as the only method of documenting eligibility, you must list all pediatric patients including those who are privately insured. The logs are on our website at [www.immunization.mt.gov](http://www.immunization.mt.gov) under the “VFC” link. Be sure to use the form appropriate to your facility type.

### Electronic Health Record

Most electronic health records can capture VFC eligibility information. EHRs can be used to document eligibility as long as the information is associated with an immunization or visit date and is not solely in the demographic/personal information fields. You also must be able to extract Provider Population Numbers from the system for all VFC eligibility categories you serve.

### Face-Sheets or Patient Check-In Questionnaires

Patient-completed face sheets or questionnaires can be used to document eligibility as long as they are completed for each immunization visit (dated), saved or archived for three years, and able to be tallied to determine Provider Population Numbers for annual re-enrollment.

## Special Circumstance – Comprehensive Screening Form

Providers whose client base is exclusively Medicaid-eligible, American Indian/Alaskan Native, or uninsured can submit a comprehensive screening form once per year during their enrollment. Submission of this form releases them from having to screen for eligibility at each immunization visit.

Contact the Montana Immunization Program if you would like additional information about eligibility screening and documentation options – 444-5580 [hhsiz@mt.gov](mailto:hhsiz@mt.gov).

## Provider Population Numbers – Immunization Patient Numbers for Re-enrollment

Each year during VFC program re-enrollment, you must estimate for the coming year your total number of immunization patients by age and VFC eligibility category including privately insured patients (See Section 2 – Re-enrollment–Current Providers). This information is your “Provider Population” and must be obtained from actual immunization data from the previous year. Providers must document eligibility screening throughout the year so that the information can be used to estimate your provider population.


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## Special Eligibility Circumstances

This section covers special VFC eligibility situations that may be encountered. In general, when selecting between eligibility options:

- 1) Select the eligibility category that confers the least out-of-pocket expenses to the child’s parent or guardian.
- 2) Select the eligibility category that is least likely to change.

## Healthy Montana Kids

Nationally, the Children’s Health Insurance Program (CHIP) enables states to expand health insurance coverage for uninsured children. In Montana, CHIP is called Healthy Montana Kids. Healthy Montana Kids *Plus* is the State Medicaid program. For VFC eligibility purposes:

- Healthy Montana Kids children are considered insured.
- Healthy Montana Kids Plus children are Medicaid eligible.

VFC eligibility under these two programs is summarized in the table below.

**Table 2 VFC Eligibility for Healthy Montana Kids and Healthy Montana Kids Plus**

| Population           | VFC Provider Type | Insurance Status | VFC Eligibility Category | Vaccine Stock | Bill to:        |                                 |
|----------------------|-------------------|------------------|--------------------------|---------------|-----------------|---------------------------------|
|                      |                   |                  |                          |               | Vaccine         | Administration Fee <sup>1</sup> |
| Healthy Montana Kids | Any               | Insured          | Ineligible               | Private       | Healthy MT Kids | Healthy MT Kids                 |

| Population                | VFC Provider Type | Insurance Status | VFC Eligibility Category | Vaccine Stock | Bill to:  |                                 |
|---------------------------|-------------------|------------------|--------------------------|---------------|-----------|---------------------------------|
|                           |                   |                  |                          |               | Vaccine   | Administration Fee <sup>1</sup> |
| Healthy Montana Kids Plus | Any               | Medicaid         | Medicaid                 | VFC           | No charge | Medicaid                        |

<sup>1</sup> VFC vaccine administration fees billed to patients cannot exceed \$21.32 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

## Medicaid as Secondary Insurance

Any insured or underinsured child who has Medicaid as secondary insurance is eligible for the VFC Program (Table 3).

Insured children with Medicaid as secondary are not required to participate in the VFC Program. The decision to participate should be based on what is most cost-effective for the patient.

At private facilities, underinsured children with Medicaid as secondary should be designated “Medicaid” for VFC eligibility so they qualify for VFC vaccine. If marked as “underinsured,” they can only receive VFC vaccine at designated FQHC/RHC facilities.

**Table 3 VFC Eligibility for Children with Medicaid as Secondary Insurance**

| Population            | Facility Type | Insurance Status                       | VFC Eligibility Category | Vaccine Stock | Bill to:  |                                 |
|-----------------------|---------------|--|--------------------------|---------------|-----------|---------------------------------|
|                       |               |  |                          |               | Vaccine   | Administration Fee <sup>1</sup> |
| Medicaid as Secondary | Any           | Insured/<br>Medicaid<br>Secondary      | Insured                  | Private       | Insurer   | Insurer <sup>2</sup>            |
|                       |               |  | Medicaid                 | VFC           | No charge | Medicaid                        |
| Medicaid as Secondary | FQHC/RHC      | Underinsured/<br>Medicaid<br>Secondary | Underinsured             | VFC           | No charge | Patient                         |
|                       |               |  | Medicaid                 | VFC           | No charge | Medicaid                        |
| Medicaid as Secondary | Private       | Underinsured/<br>Medicaid<br>Secondary | Medicaid                 | VFC           | No charge | Medicaid                        |

<sup>1</sup> VFC vaccine administration fees billed to patients cannot exceed \$21.32 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

<sup>2</sup> Private insurance can be billed administration fees at the private rate. Medicaid can be billed for the balance of unpaid administration fees up to \$21.32. If the primary insurer denies payment for the vaccine, VFC stock can be used to replace the private stock used (See Borrowing in Section 16).

## Family Planning Clinics

Unaccompanied minors through 18 years of age who present at family planning clinics for contraceptive services or sexually transmitted disease (STD) treatment are considered uninsured and VFC-eligible if they do not want to access their insurance due to the confidential nature of their visit. This special eligibility status is restricted to family planning clinics. Family planning clinics must track VFC vaccine given to patients in this eligibility category using the form found on our website at [www.immunization.mt.gov](http://www.immunization.mt.gov) under the “VFC” link. Clinics are responsible for providing care in conformance with Montana’s medical consent laws as they pertain to minors.

## Incarcerated Juveniles

Incarcerated juveniles through 18 years of age who lose access to their health insurance due to their circumstances are considered uninsured and VFC-eligible.

## Dual Eligibility – American Indians/Alaskan Natives

American Indians and Alaskan Natives (AI/AN) can be eligible for the VFC Program under more than one category. Please use the following table to determine VFC eligibility status, vaccine stock, and vaccine billing for AI/AN populations seen at providers *other than* Indian Health Service (IHS), tribal, and urban Indian clinics (Table 4).

**Table 4 VFC Eligibility for American Indian and Alaskan Native Populations at Facilities Other than Indian Health Service, Tribal, and Urban Indian Clinics**

| Population | Facility Type                                      | Insurance Status | VFC Eligibility Category | Vaccine Stock | Bill to:  |                                 |
|------------|--|------------------|--------------------------|---------------|-----------|---------------------------------|
|            |  |                  |                          |               | Vaccine   | Administration Fee <sup>1</sup> |
| AI/AN      | Any (except IHS, tribal, urban Indian clinics)     | Medicaid         | Medicaid                 | VFC           | No charge | Medicaid                        |
| AI/AN      | Any (except IHS, tribal, and urban Indian clinics) | Uninsured        | AI/AN                    | VFC           | No charge | Patient                         |
| AI/AN      | Private  | Underinsured     | AI/AN                    | VFC           | No charge | Patient                         |
| AI/AN      | FQHC/RHC   | Underinsured     | AI/AN                    | VFC           | No charge | Patient                         |
| AI/AN      | Any (except IHS, tribal, and urban Indian clinics) | Insured          | Eligible <sup>2</sup>    | Private       | Insurer   | Insurer <sup>3</sup>            |
|            |  |                  |                          | VFC           | No charge | Insurer                         |

<sup>1</sup> VFC vaccine administration fees billed to patients cannot exceed \$21.32 (See Section 3 – Billing). VFC vaccinations cannot be denied to an established VFC-eligible patient due to the inability of the parent or guardian to pay the administration fee.

<sup>2</sup> Insured AI/AN children are not required to participate in the VFC Program. The decision whether to participate should be based on what is most cost effective for the patient. However, we encourage providers to use private stock on fully insured patients.

<sup>3</sup> Private insurance can be billed administration fees at the private rate. If the primary insurer denies payment for the vaccine, VFC stock can be used to replace the private stock used (See Borrowing in Section 16). Patients may be balance billed un-reimbursed VFC vaccine administration fees up to \$21.32.